

Gender inequality and its impact on the quality of life in the older adults in Karachi, Pakistan

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Abstract:

Introduction: The quality of life has been affected by gender inequality in the 50+ population of Karachi, Pakistan, as assessed by the CASP-13 (Control, Autonomy, Self-realization, and Pleasure) instrument. The CASP is a well-established and theoretically derived instrument to assess the quality of life that has been translated into Urdu and validated for its reliability. **Objective:** To assess gender inequality and its impact on quality of life of the 50+ population of Karachi, Pakistan. **Method:** Two focus groups were conducted, one for the male group and one for the female group, on the Pakistani population aged 50+ to understand the meaning of quality of life using all the items of CASP-19 in Urdu. Also, a population survey was administered using cluster sampling. The translated version was administered to 100 participants from each low, middle, and high-income area via door-to-door recruitment. **Results:** Gender differences in responses for each CASP domain as it shows, males had a higher mean score in each domain (control, autonomy, agency, pleasure, and self-realization) compared to women. There was a significant association between gender and quality of life in most of the factors influencing quality of life.

Conclusion: This study has demonstrated a glimpse of the societal status of women in Pakistan. Gender disparities in education and employment were found to be significant. Therefore, gender discrimination may decrease the quality of life for women in later years.

Keywords: Quality of life, older people, Gender, Inequality

Date of Submission: 07-05-2023

Date of acceptance: 18-05-2023

I. Introduction

Gender equality is a fundamental element for the development of any country. "Yet Pakistan currently ranks the second lowest country in the world for gender equality, according to the Global Gender Gap Index" (1). Gender inequality in low-income societies has been stressful, and a burden for women expected to play an obedient wife or daughter in the family. Women are expected to take care of older adults, often at the expense of their physical, emotional, and psychological well-being. This practice is also widespread in most developing countries, including Pakistan, where family norms put more burden on women, decreasing women's quality of life (2).

Earlier, the CASP 19 was used to assess the quality of life in 284 sample of the study. In the study, women's number of participants was slightly higher than the male participants, and they were older as 61% of the women were age 70 or more years. Whereas 51% men were over 70 or more years. However, the participants were a 'nationally representative sample of non-institutionalised adults living in England.' (3). Overall, there was no statistical association between age and gender. one of the reasons for the result could be the limitation of the study where the questionnaire was sent by post; therefore, the response rate was 92% (4).

Moreover, the English Longitudinal Study of Ageing also revealed that men had a better quality of life than women. Women's QoL was reduced 'being a carer, being not in employment because of looking after home and family and having increased contact with children and family. For men, all these factors were not significant. However, women who lived alone had a better quality of life. However, as the method was a self-completion of the questionnaire by the participants, there was a large proportion of the missing data (5). Moreover, a study in Brazil using CASP in a sample of (n = 87), (52.9%) community-dwelling older people in Recife, Brazil, reported that women had higher average QoL scores than men though the difference was not statistically significant (6).

II. Method

The methodology which had mainly used in this research is quantitative. However, the qualitative method (focus group) was also used in the cross-cultural study when the CASP 19 tool was adapted into the Urdu language to assess the quality of life where two focus groups were conducted (one for males and one for females) to check

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the cultural, conceptual, and content equivalence of the CASP 19. And the validated CASP 19 was used in Urdu language in Karachi Pakistan.

However, in Karachi, Pakistan the cross-sectional design was used to acquire information from three strata low, middle and high income at a single point in time. Three hundred participants aged 50 or over were selected by purposive sampling, 100 each from low, middle, and high-income areas of Karachi, Pakistan.

The cluster sampling was chosen for the study where all the households would be approached from the targeted population. Clusters were selected from the areas where the VCARE welfare society for active and healthy ageing (supported for research in Karachi) had provided their services.

The cluster sampling was done in two stages.

Stage one: Is the identification of the population in each stratum (cluster)

Stage two: Identifying the sub-population in each stratum that happened to be purposive (rather than random as initially planned).

Thus, there might have been limitations for generalisability of the findings across other regions in Pakistan where social phenomena might differ due to many cultural groups across geographic regions(7). Yet, a sample size calculation was used to improve the internal validity for the sample population. To overcome cluster sampling challenges and improve the internal validity, a randomised selection process was applied. For this, a list of the lanes of each area were created; for example, in the low-income area, all 2nd lanes were selected. Data were collected of all, the households (8). Even though the extent of the sampling error could not be estimated (9), but bias might be present. There is also the possibility of sampling bias (10). However, to minimise sampling bias, the researcher carefully followed the inclusion criteria (11). Also, the two ethics approval for both studies in London and Pakistan was approved by the University Research Ethics Committee at the University of East London.

Findings from both qualitative and quantitative data

The qualitative findings were collected while conducting the focus group of cross-cultural adaption of the CASP measuring control, autonomy/agency, self-realization and pleasure involving both male and female participants (12). The findings of the focus group highlighted gender inequality in Pakistani culture. In the Pakistani, culture discrimination starts when a child is born. In most families, a boy is given priority over the girls. Where girls have been restricted to live their lives with the choices, they mostly do not have the freedom to make decisions in their own lives (13). Gender inequality was evident in this research; when item 3 from the CASP-19 was posed to the participants; 'I feel free to plan for my future' and discussed in both the male and female groups. Men were confident that they could plan their future as their wish, but women were more dependent on their husbands or the head of the family to plan for their future. It was observed that in a Pakistani cultural context, gender plays an important role, where males are dominant over women.

Moreover, item 6 of CASP 19: 'family responsibilities prevent me from doing what I want to do' was susceptible to gender differences. Responses from women were different from responses from men. The male group disagreed that family responsibility stops them from doing anything they want to do. However, most of the participants from the women group very much agreed, because of family responsibilities throughout their life, they never do what they want to do. One of the study identified a tradition that a 'good woman' in Pakistani culture is expected to do all the household work, take care of children, husband, and the family (13). Furthermore, good women compromise all life situations and sacrifice their dreams (13). Item 6 was not excluded from the CASP. As based on four women's point of view, it would be judgemental to remove the item. Therefore, this item was retained in the CASP, to give a better understanding of the cultural influence on gender differences on the quality of life in later years.

Moreover, a previous study identified that the South Asian region is known for 'inequalities in men and women's autonomy and power' (14). In addition, this was evident in this research, that for men, family responsibilities are their duties and they never stop them from doing what they want to do. However, it is not the same for women. As one of the women from the middle-income group said: "I am very good in stitching clothes and always wanted to have a boutique to design clothes, but because of so much of family responsibilities; I ended up taking care of my kids, my mother-in-law, father-in-law and my husband. Now I am 57 and feel too old to do anything. As now I am a grandparent and must look after my grandchildren as well." This provides evidence that culture influences on women's choices.

The quantitative findings were taken from the survey conducted in Karachi, Pakistan. Findings include the mean scores in all the subdomains of CASP in gender segregation. Furthermore, the findings included interaction effects of the independent variable with gender. Table 1.1 displays the differences in responses of both genders for each CASP domain. As it shows that males had a higher mean score in each domain; Control, Autonomy/agency, Pleasure, and Self-realization, compared to women.

Domains	Males		females	
	Mean	Std. Deviation	Mean	Std. Deviation
Self- realization	9.38	2.78	8.07	3.62
Control	1.77	1.62	1.62	1.67
Pleasure	6.56	1.61	6.31	2.07
Autonomy/Agency	6.05	2.24	5.46	2.46

Table 1.1 differences in responses of both gender

Moreover, the interaction effect of gender and socio-economic groups was highly significantly (<0.001). The main effect of gender was socio-economic groups. Women in low socio-economic groups had a lower quality of life than women in a high socio-economic group. Whereas male participants had a better quality of life than the women living in a low socio-economic group. Similarly, there was a significant association between gender and quality of life (χ^2 : 11.68, df: 3 P-value 0.009).

Education is a pillar for the development of any nation. Unfortunately, the literacy rate in Pakistan is much lower than in other countries. This study showed that most participants from the low-income area were illiterate (74%), followed by middle income (24%) and high income (only 8%). The study showed that female participants were more illiterate (38.7%) than male participants (29.5%). Female participants with more than ten years of qualifications (25.3%) higher than the male participants (22.9%). The chi-square test found a significant relationship between educational status and quality of life (χ^2 : 79.61, DF: 9, P-value <0.001).

A two-way ANOVA was performed to check the interaction effect of the two independent variables of 'variable one education' and variable two genders'. As the relationship was significant (P=0.012), finding shows the effect of gender on quality of life was influenced by educational level. And therefore, it concluded that gender inequality in education decreases the quality of life in later years of life.

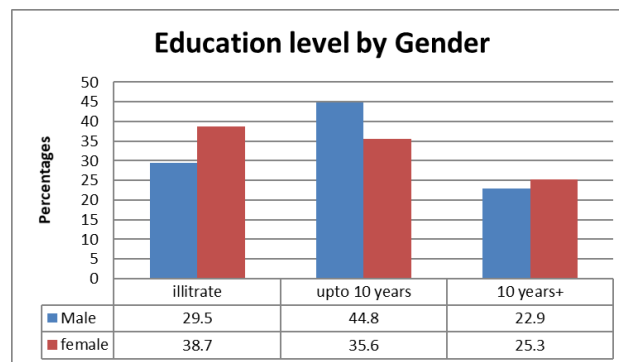


Diagram 1.1 Education and Gender

For the interaction effects between the variables, people working to earn money and gender were also performed. The main effect of gender was significant on employment (P=0.004). Thus, the effect of gender on quality of life was influenced by employment.

Furthermore, interaction effects between the variables, socio economic group and gender were also performed. The main effect for gender was significant on socio economic group (P=<0.001). Thus, the effect of gender on quality of life was influenced by socio economic groups.

Likewise, the descriptive analysis of gender regarding the general population health indicated that the male participants' general health was better than the women. However, the relationship between gender and general

health of the population was nonsignificant ($P=0.137$). Thus, the effect of gender on quality of life was not significantly influenced by general health.

Table 1.2 Gender and Health

General Health	Male(%)	Female (%)
Good	21.9	13.4
Fairly good	61	52.1
Not good	17.1	34.5

Furthermore, the relationship between gender (male/female) and quality of life was influenced by the social support system ($P=0.004$). The quality of life increased when people had a good social support system. Furthermore, gender had a significant relationship with having a good neighbourhood ($P=0.055$).

Also, gender had a non-significant relationship with social participation in the society ($P=0.342$). It could be said that the effect of gender (male/female) on quality of life is not influenced by social participation. Also, the effect of gender was non-significant with social networking in society ($P=0.780$).

Additionally, gender was not significantly related to depression ($P=0.762$). Also, gender had a non-significant relationship with a sense of coherence ($P=0.716$); hence, a better sense of coherence has a better quality of life.

III. Discussion

Gender differences are influenced by culture. Women are notably marginalized from cultural life in Pakistan. They are prevented from contributing and participating equally in the society. Gender inequality in many cultures can create a problem in many aspects of life (15). Gender inequality in Pakistan can be observed in several sectors, including employment through segregation in labour markets, division of labour between paid and unpaid work, distribution of resources within households, access to public services such as education and health, and also within the power structure of the country (including the representation of women in policy-making). Women are the part of society that has contributed to life from reproduction to socialization and looking after household responsibilities. However, the role of women play is inferior to men (16). This study has also identified that women were not a part of the planning or decision making because of the status of women in Pakistan, as the home is identified 'as a women legitimate ideological and physical space' where she must perform her duties as a mother, daughter, and wife. Simultaneously, a man dominates the world outside the home and performs his role as a breadwinner.

However, findings of this study show that there is an effect of gender on quality of life influenced by socio economic groups in later lives. And this is evident in another study conducted in Pakistan that women from urban cities and living in a high socio economic group are more autonomous in the planning or making decisions for their own life (17).

Also, this study reported a significant main effect of gender on employment. Pakistani women have low labour force participation and low contribution to GDP. This is because a small percentage of women are employed, as most men do not like their women to work outside of their homes (18).

Pakistan also exhibits considerable gender inequality in education. This study found that male members of the family are given better education opportunities than women, and primary influence for gender was significantly related to educational level. It is right to say that there are substantial gender disparities in educational attainment (19).

Women in Pakistan 'also face a disproportionate burden of disease, with a high maternal mortality rate' and the reason behind the high mortality is due to low social status and inequities in access to primary health care, nutrition, and education (20). Though my research did not find any significant effect of gender on general health; however, the descriptive finding shows that males had better health than females.

Moreover, social support directly and indirectly affects well-being (21). This study found that the effect of gender (male/female) on quality of life was significantly influenced by the social support system. On the other hand, the study identified that a good neighbour also increases the quality of life; and Females were more likely to report having a good neighbour than males, suggesting that women seek positive relationships close to home, more than men. There is also a non-significant effect of gender on social participation. However, Pakistani women lack social participation due to their cultural and religious restrictions (22).

It was identified that quality of life was lower in the male participants when they did not have work opportunities the same as they had 30 years previously. Therefore, they were less satisfied than 30 years previously. In contrast, the quality of life improved for female participants whose work opportunities had improved or had remained the same for 30 years previously. However, Amartya and Martha have discussed that

'gender inequalities may be seen as multiple dis-functioning in a social space where men and women are differently disadvantaged in access to resources, education, health, and control over their bodies and lives and so on' (23).

Moreover, in this study, gender had a non-significant relationship with depression. However, a previous study reported that women in Pakistan are vulnerable to poor mental health due to 'marriage related issues, domestic violence, verbal or physical abuse by in-laws, stressful life and poor social conditions' (24).

IV. Conclusion

This study has demonstrated a glimpse of the societal status of women in Pakistan. Women in Pakistani society are mainly involved in their family life, taking care of the home, and bringing up the children. Most of the time, they are not involved in decision making for their own lives. Gender disparity was significantly observed in education and employment in this study. Therefore, gender discrimination may decrease the quality of life for women in later years.

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